

**Enrollment Form for the Flexible Spending Account**  
**Williamson County Government Medical Reimbursement Plan**

Effective Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or PO Box)

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(City, State ZIP Code)

Marital Status (check one): ☐ Single ☐ Married

<u>Covered Dependent Names</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Social Security Number</u>	<u>Relationship to Employee</u>
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____

**Standard Payroll Schedule**

The following is a list of pay days that will occur during the Plan Year (From 1/01/2012 to 12/31/2012). You can use it to count the number of pay periods that will occur while you are on the plan and calculate your annual reduction amount.

**WCG-26 Pays-** (1/13/2012, 1/27/2012, 2/10/2012, 2/24/2012, 3/9/2012, 3/23/2012, 4/6/2012, 4/20/2012, 5/4/2012, 5/18/2012, 6/1/2012, 6/15/2012, 6/29/2012, 7/13/2012, 7/27/2012, 8/10/2012, 8/24/2012, 9/7/2012, 9/21/2012, 10/5/2012, 10/19/2012, 11/2/2012, 11/16/2012, 11/30/2012, 12/14/2012, 12/28/2012)

**BOE-Professional-24 Pays-** (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 6/29/2012, 7/13/2012, 7/31/2012, 8/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

**BOE-Classified 11 Month-22 Pays-** (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 6/29/2012, 8/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

**BOE-Classified 10 Month-20 Pays-** (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

**Annual Reduction**

You are reducing your annual compensation to pay for eligible health costs that may not be covered by our benefit plan(s). In essence, you will be paying for these expenses on a pre-tax basis. This is a voluntary plan and the amount you designate as your Annual Salary Reduction should be conservative. Remember, if you do not utilize the funds during the Plan Year (and grace period, if any), you lose them. The maximum Annual Salary Reduction is \$5,000.00

Entry Date into the Plan  
(First Payroll Reduction)

Number of Remaining  
Pay Periods

Desired Reduction  
per Pay Period

Annual Reduction Amount  
(Pay Periods X Desired Reduction)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Salary Reduction Agreement**

I have read and understand the Explanation of Benefits detailing the Williamson County Government Medical Reimbursement Plan. With this authorization, I am directing Williamson County Government to reduce my annual compensation by the Total Annual Reduction amount shown and reimburse me upon submitting eligible receipts. By reducing my annual compensation, I am essentially paying for uncovered benefits with pre-tax dollars. I understand that this annual reduction is irrevocable and cannot be changed unless a "Change in Life Status" is experienced.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)